
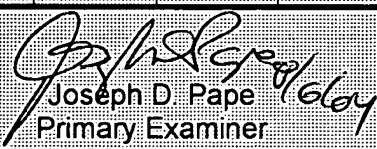
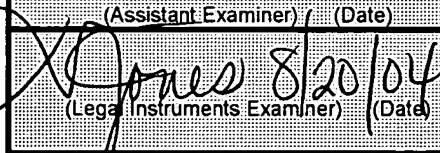


|  |                 |               |  |
|--|-----------------|---------------|--|
| <b>Issue Classification</b><br> | Application No. | Applicant(s)  |  |
|  | 10/663,961      | KAYUMI ET AL. |  |
|  | Examiner        | Art Unit      |  |
|  | Joseph D. Pape  | 3612          |  |

| ISSUE CLASSIFICATION         |   |          |   |                    |                                   |  |  |  |  |
|------------------------------|---|----------|---|--------------------|-----------------------------------|--|--|--|--|
| ORIGINAL                     |   |          |   | CROSS REFERENCE(S) |                                   |  |  |  |  |
| CLASS                        |   | SUBCLASS |   | CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |  |  |  |  |
| 296                          |   | 64       |   | 296                | 65.13                             |  |  |  |  |
| INTERNATIONAL CLASSIFICATION |   |          |   |                    |                                   |  |  |  |  |
| B                            | 6 | 0        | N | 2/00               |                                   |  |  |  |  |
|                              |   |          |   | /                  |                                   |  |  |  |  |
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|                              |   |          |   | /                  |                                   |  |  |  |  |

|   |  |   |  |                         |                    |
|---|--|---|--|-------------------------|--------------------|
| (Assistant Examiner) / (Date)   |  | <br>Joseph D. Pape<br>Primary Examiner<br>Art Unit 3612 |  | Total Claims Allowed: 4 |                    |
| <br>(Legal Instruments Examiner) (Date) |  |   |  | O.G.<br>Print Claim(s)  | O.G.<br>Print Fig. |
|   |  | (Primary Examiner) (Date)   |  | 1                       | 1                  |

| <input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant |          |       |          | <input type="checkbox"/> CPA |          | <input type="checkbox"/> T.D. |          | <input type="checkbox"/> R.1.47 |          |
|---|----------|-------|----------|------------------------------|----------|-------------------------------|----------|---------------------------------|----------|
| Final   | Original | Final | Original | Final                        | Original | Final                         | Original | Final                           | Original |
| 1   | 1        |       | 31       |                              | 61       |                               | 91       |                                 | 121      |
| 2   | 2        |       | 32       |                              | 62       |                               | 92       |                                 | 122      |
| 3   | 3        |       | 33       |                              | 63       |                               | 93       |                                 | 123      |
| 4   | 4        |       | 34       |                              | 64       |                               | 94       |                                 | 124      |
|   | 5        |       | 35       |                              | 65       |                               | 95       |                                 | 125      |
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